



PATIENT

Sarge Priestner

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Neutered Male

AGE

12 Years 1 Month

WEIGHT

71 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Potenzzone

INVOICE

35369

DATE

1/12/26

PRESENTING CLINICAL SIGNS

History: Large ABD mass. R/O Spleen vs other. Current meds: Yunnan Baiyao
Abnormal PE/Chem/CBC/UA Results: Borderline anemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. Slight mineralizations were noted. The right kidney measured 7.2 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.0 cm x 0.6 cm. The right adrenal gland measured 2.01 cm x 0.97 cm at the cranial pole and 0.64 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume, and no evidence of congestion was noted. Multifocal nodular changes were noted, nondisruptive. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted. **See Free Abdomen section.

Free Abdomen

A 17.0+ cm cystic **mass** was noted in the mid cranial abdomen, appeared to be deriving from the spleen. The mass occupied the majority of the cranial abdomen, displacing organs.

Other

A rapid view of the **heart** revealed no evident pathology in the right auricle.

ULTRASONOGRAPHIC FINDINGS

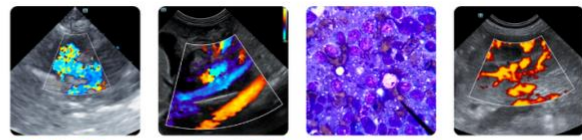
- Cystic mass in the mid cranial abdomen. Specific connection to any organ was not able to be made. The mass occupies the area of the pancreas and could represent pancreatic, splenic, or GI origin. It appears to be isolated. No overt metastatic changes were noted, even though some minor heterogenous hepatic nodules were noted yet not typical for metastatic disease.
- Age-related renal changes with mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the anemia, the mass is presumed to be a splenic mass yet cannot be confirmed. CT evaluation would be warranted or direct exploratory surgery indicated. This mass is highly precarious and at risk for rupture. Age-related renal changes with mineralization.

ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/services/vetimaging/>



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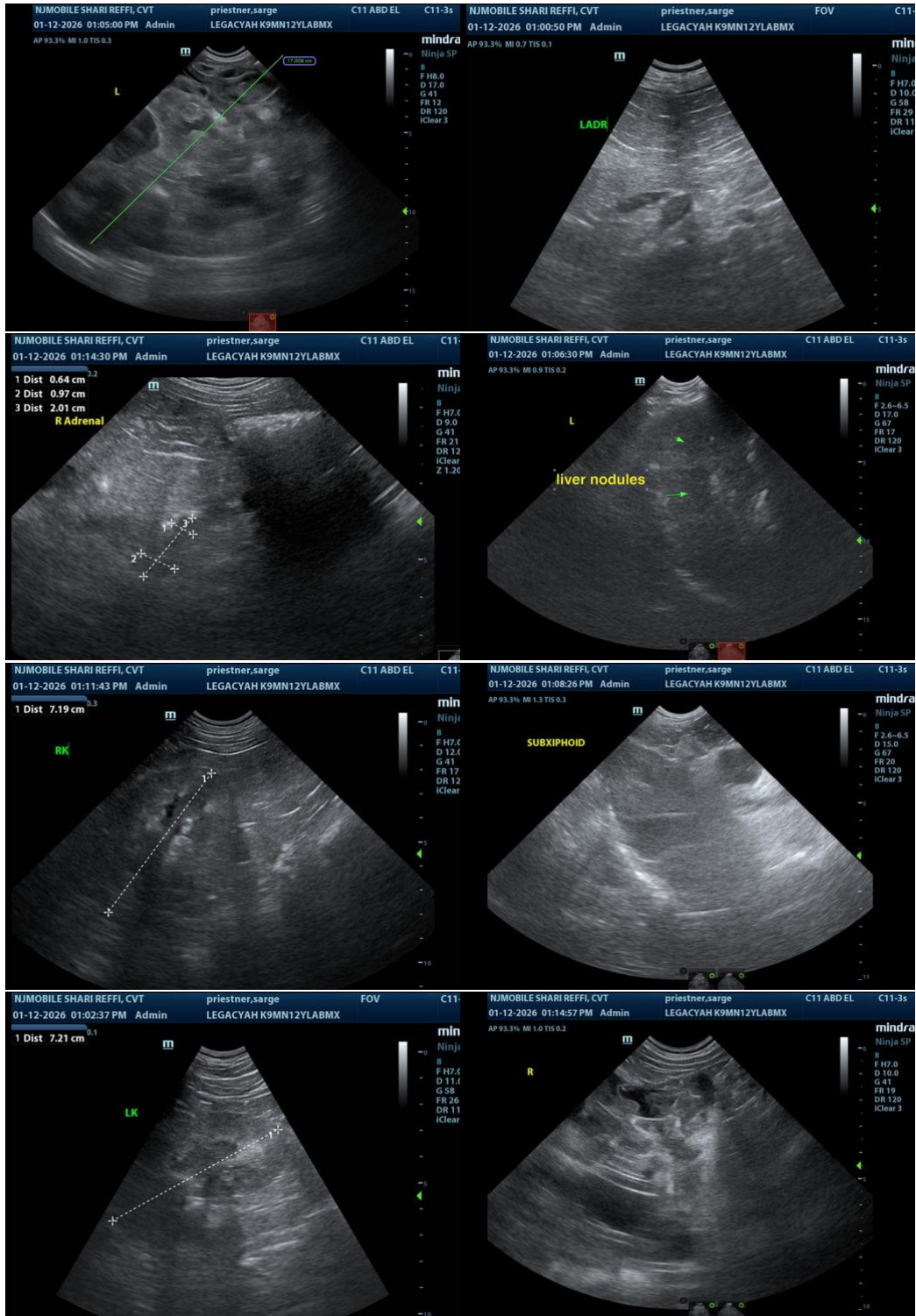
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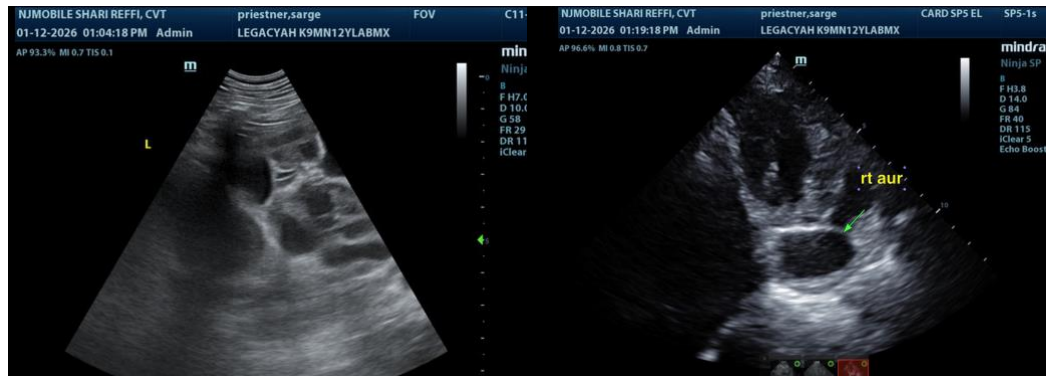
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com